

Provider Type 60 - School Based Child Health Services
MASTER FEE SCHEDULE - Effective July 1, 2009

Nevada Medicaid Service Manuals

Billing Information

PROC CODE	MODIFIER	CURRENT DESCRIPTION	RATE	Rate Begin Date	Prior Authorization (PA) Type 00 = no PA 01 = PA required 02 = PA required to exceed limit	SERVICE MAXIMUM
PHYSICIAN-SERVICE PROVIDER						
99367		Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by physician	\$47.77	7/1/2009	00	30 min/1 unit (Not to exceed 8 units/per CY)
PSYCHOLOGIST-SERVICE PROVIDER						
90801		Psychiatric diagnostic interview examination	\$125.23	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
96101		Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	\$79.91	7/1/2009	00	60 Min/1 unit (Not to exceed 8 units/per CY)
96110		Development testing; limited (e.g., Developmental Screening Test II, Early language Milestone Screen), with interpretation and report	\$58.46	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
96116		Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	\$89.95	7/1/2009	00	60 Min/1 unit (Not to exceed 8 units/per CY)
96150		Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with patient; initial assessment. Do not report 96150-96155 in conjunction with 90801-90899	\$22.77	7/1/2009	00	15 Min/1 unit (Not to exceed 16 units per CY)
96151		Re-assessment; Do not report 96150-96155 in conjunction with 90801-90899	\$22.15	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units per CY)
96152		Health and behavior intervention, each 15 minutes, face-to-face; individual. Do not report 96150-96155 in conjunction with 90801-90899	\$21.23	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units per day)
96153		Health and behavior intervention, group (2 or more but less than 7 individuals); Do not report 96150-96155 in conjunction with 90801-90899	\$4.62	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units per day)
99368	AH	Medical Team with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional	\$31.10	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
99366	AH	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$36.89	7/1/2009	00	30 min/1 unit (Not to exceed 8 units/per CY)

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PHYSICIAN ASSISTANT-SERVICE PROVIDER						
99366	AM	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$32.12	7/1/2009	00	30 min/1 unit (Not to exceed 8 units/per CY)
99368	AM	Medical Team with interdisciplinary team of health care professions, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional	\$31.10	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
NURSING-SERVICE PROVIDER						
99366	SA	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$32.12	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
99366	TD	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional (RN only)	\$32.12	7/1/2009	00	30 min/1 unit (Not to exceed 8 units/per CY)
99368	SA	Medical Team with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional	\$27.07	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
99368	TD	Medical Team with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional (RN only)	\$27.07	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
T1001		Nursing Assessment/Evaluation (RN only)	\$15.16	7/1/2009	00	15 min/1 unit (Not to exceed 16 units/per CY)
T1002		Registered Nurse (RN) Services, up to 15 mins (direct services)	\$19.70	7/1/2009	00	15 min/1 unit (Not to exceed 32 units/per day)
T1003		Licensed Practical Nurse (LPN) services, up to 15 mins	\$12.50	7/1/2009	00	15 min/1 unit (Not to exceed 32 units/per day)
PHYSICAL THERAPY-SERVICE PROVIDER						
95831	GP	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	\$25.54	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
97001		Physical therapy evaluation	\$58.77	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
97002		Physical therapy re-evaluation	\$31.39	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
97010	GP	Application of a modality to one or more areas; hot or cold packs	\$3.38	7/1/2009	00	encounter/1 unit
97110	GP	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility; individual	\$23.08	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97112	GP	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$24.00	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97116	GP	Gait training (includes stair climbing)	\$19.69	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97150	GP	Therapeutic procedure(s) group, (2 or more but less than 7 individuals)	\$15.39	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)

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97530	GP	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$28.74	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97533	GP	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	\$20.69	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97535	GP	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$25.85	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97755	GP	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes.	\$26.21	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97760	GP	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes (Do not report with gait training, if performed on the same extremity (97116))	\$25.79	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97761	GP	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$23.53	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
99366	GP	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$36.89	7/1/2009	00	30 min/1 unit (Not to exceed 8 units/per CY)
99368	GP	Medical Team with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional	\$27.07	7/1/2009	00	30 min/1 unit (Not to exceed 8 units/per CY)
OCCUPATIONAL THERAPY-SERVICE PROVIDER						
97003		Occupational therapy evaluation	\$60.92	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
97004		Occupational therapy re-evaluation	\$31.39	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
97010	GO	Application of a modality to one or more areas; hot or cold packs	\$3.38	7/1/2009	00	encounter/1 unit
97110	GO	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility; individual	\$23.08	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97112	GO	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$24.00	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97116	GO	Gait training (includes stair climbing)	\$19.69	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97150	GO	Therapeutic procedure(s) group, (2 or more but less than 7 individuals)	\$15.39	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97530	GO	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$28.74	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97532		Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	\$19.41	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97533	GO	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	\$20.69	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)

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97535	GO	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$25.85	7/1/2009	00	15 Min/1 unit (not to exceed 8 units/per day)
97755	GO	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes.	\$26.21	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97760	GO	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes (Do not report with gait training, if performed on the same extremity (97116))	\$25.79	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
97761	GO	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$23.53	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per day)
99366	GO	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$36.89	7/1/2009	00	30 Min /1 unit (Not to exceed 8 units/per CY)
99368	GO	Medical Team with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional	\$27.07	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
SPEECH THERAPY-SERVICE PROVIDER						
92506	GN	Evaluation of speech, language, voice, communication, and/or auditory processing	\$83.08	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
92507	GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$66.16	7/1/2009	00	encounter/1 unit (Not to exceed 1 unit/per day)
92508	GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, (2 or more but less than 7 individuals)	\$64.92	7/1/2009	00	encounter/1 unit (Not to exceed 1 unit/per day)
92526	GN	Treatment of swallowing dysfunction and/or oral function for feeding	\$67.39	7/1/2009	00	encounter/1 unit (Not to exceed 1 unit/per day)
92610	GN	Evaluation of oral and pharyngeal swallowing function	\$37.23	7/1/2009	00	encounter/1 unit (Not to exceed 2 units/per CY)
99366	GN	Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$36.89	7/1/2009	00	30 Min /1 unit (Not to exceed 8 units/per CY)
99368	GN	Medical Team with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more, participation by non-physician health care professional	\$27.07	7/1/2009	00	30 min/1unit (Not to exceed 8 units/per CY)
AUDIOLOGY-SERVICE PROVIDER						
92620		Evaluation of central auditory function, with report, initial 60 minutes (Do not report with 92506)	\$38.48	7/1/2009	00	60 Min/1 unit (Not to exceed 1 unit per CY)
92621		Evaluation of central auditory function, with report, each additional 15 minutes (code initial hour 92620) (Do not report with 92506)	\$9.98	7/1/2009	00	15 Min/1 unit (Not to exceed 8 units/per CY)
99366		Medical Team conference with interdisciplinary team of health care professionals, face-to-face with the patient and/or family, 30 minutes or more, participation by non-physician qualified health care professional	\$36.89	7/1/2009	00	30 Min /1 unit (Not to exceed 8 units/per CY)

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PT 60 SCHOOL BASED SERVICES - AUDIOLOGICAL AND MEDICAL SUPPLIES						
EXTERNAL INSULIN PUMP SUPPLIES						
A4221		Supplies for maintenance of drug infusion catheter, per week	\$22.26	7/1/2009	00	
A4222		Infusion supplies for external infusion pump, per cassette or bag	\$44.17	7/1/2009	00	15 UNITS / MO
A4230		Infusion set for external insulin pump, non needle cannula type	\$10.07	7/1/2009	00	15 UNITS / MO
A4231		Infusion set for external insulin pump, needle cannula type	\$5.10	7/1/2009	00	15 UNITS / MO
A4232		Syringe with needle for external insulin pump, 3CC	\$2.61	7/1/2009	00	15 UNITS / MO
K0552	NU	Supplies for external drug infusion pump, syringe type, cartridge, sterile, each	\$2.61	7/1/2009	00	
K0601	NU	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	\$1.10	7/1/2009	00	
K0602	NU	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	\$6.36	7/1/2009	00	
K0603	NU	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	\$0.57	7/1/2009	00	
K0604	NU	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	\$6.09	7/1/2009	00	
K0605	NU	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	\$14.60	7/1/2009	00	
GASTROSTOMY						
A5200		Percutaneous catheter/tube anchoring device, adhesive skin attachment	\$11.29	7/1/2009	00	
B4034		Enteral feeding supply kit; syringe fed, per day	\$5.66	7/1/2009	00	
B4035		Enteral feeding supply kit; pump fed, per day	\$10.79	7/1/2009	00	
B4036		Enteral feeding supply kit; gravity fed, per day	\$7.39	7/1/2009	00	
HEARING AND COMMUNICATION SERVICE						
E1902		Communication board, non-electronic augmentative or alternative communication device	\$0.00	7/1/2009	00	
V5008		Hearing screening	\$45.68	6/1/2009	00	
V5010		Assessment for hearing aid	\$59.80	6/1/2009	00	
V5011		Fitting/ orientation / checking of hearing aid	\$11.18	1/1/1980	00	
V5011	50	Fitting/ orientation / checking of hearing aid	\$16.80	1/1/1980	00	
V5014	RB	Repair / modification of a hearing aid	\$0.00	6/1/2009	00	
V5030		Hearing aid, monaural, body worn, air conduction	\$350.00	1/1/1980	00	2 / per 24 months
V5040		Hearing aid, monaural, body worn, bone conduction	\$350.00	1/1/1980	00	2 / per 24 months
V5050		Hearing aid, monaural, in the ear	\$350.00	1/1/1980	00	2 / per 24 months
V5060		Hearing aid, monaural, behind the ear	\$350.00	1/1/1980	00	2 / per 24 months
V5070		Glasses, air conduction	\$350.00	1/1/1980	00	2 / per 24 months
V5080		Glasses, bone conduction	\$350.00	1/1/1980	00	2 / per 24 months
V5090		Dispensing fee, unspecified hearing aid	\$234.09	1/1/1980	00	2 / per 24 months
V5100		Hearing aid, bilateral, body worn	\$700.00	1/1/1982	00	2 / per 24 months
V5110		Dispensing fee, bilateral	\$468.18	1/1/1982	00	2 / per 24 months
V5120		Binaural, body	\$700.00	1/1/1982	00	2 / per 24 months
V5130		Binaural, in the ear	\$700.00	1/1/1982	00	2 / per 24 months
V5140		Binaural, behind the ear	\$700.00	1/1/1982	00	2 / per 24 months
V5150		Binaural, glasses	\$700.00	1/1/1982	00	2 / per 24 months
V5160		Dispensing fee, binaural	\$468.18	1/1/1982	00	2 / per 24 months

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V5170	Hearing aid, cros, in the ear	\$700.00	1/1/1982	00	2 / per 24 months
V5180	Hearing aid, cros, behind the ear	\$700.00	1/1/1982	00	2 / per 24 months
V5190	Hearing aid, cros, glasses	\$700.00	1/1/1982	00	2 / per 24 months
V5200	Dispensing fee, cros	\$468.18	1/1/1982	00	2 / per 24 months
V5210	Hearing aid, bicros, in the ear	\$700.00	1/1/1982	00	2 / per 24 months
V5220	Hearing aid, bicros, behind the ear	\$700.00	1/1/1982	00	2 / per 24 months
V5230	Hearing aid, bicros, glasses	\$700.00	1/1/1982	00	2 / per 24 months
V5240	Dispensing fee, bicros	\$468.18	1/1/1982	00	
V5241	Dispensing fee, monaural hearing aid, any type	\$234.09	1/1/1980	00	2 / per 24 months
V5242	Hearing aid, analog, monaural, CIC (completely in the ear)	\$350.00	1/1/1980	00	2 / per 24 months
V5243	Hearing aid, analog, monaural, ITC (in the canal)	\$350.00	1/1/1980	00	2 / per 24 months
V5244	Hearing aid, digitally programmable analog, monaural, CIC	\$350.00	1/1/1980	00	2 / per 24 months
V5245	Hearing aid, digitally programmable analog, monaural, ITC	\$350.00	1/1/1980	00	2 / per 24 months
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	\$350.00	1/1/1980	00	2 / per 24 months
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	\$350.00	1/1/1980	00	2 / per 24 months
V5248	Hearing aid, analog, binaural, CIC	\$700.00	1/1/2002	00	2 / per 24 months
V5249	Hearing aid, analog, binaural, ITC	\$700.00	1/1/2002	00	2 / per 24 months
V5250	Hearing aid, digitally programmable analog, binaural, CIC	\$700.00	1/1/2002	00	2 / per 24 months
V5251	Hearing aid, digitally programmable analog, binaural, ITC	\$700.00	1/1/2002	00	2 / per 24 months
V5252	Hearing aid, digitally programmable, binaural, ITE	\$700.00	1/1/2002	00	2 / per 24 months
V5253	Hearing aid, digitally programmable, binaural, BTE	\$700.00	1/1/2002	00	2 / per 24 months
V5254	Hearing aid, digital, monaural, CIC	\$350.00	1/1/1980	00	2 / per 24 months
V5255	Hearing aid, digital, monaural, ITC	\$350.00	1/1/1980	00	2 / per 24 months
V5256	Hearing aid, digital, monaural, ITE	\$350.00	1/1/1980	00	2 / per 24 months
V5257	Hearing aid, digital, monaural, BTE	\$350.00	1/1/1980	00	2 / per 24 months
V5258	Hearing aid, digital, binaural, CIC	\$700.00	1/1/2002	00	2 / per 24 months
V5259	Hearing aid, digital, binaural, ITC	\$700.00	1/1/2002	00	2 / per 24 months
V5260	Hearing aid, digital, binaural, ITE	\$700.00	1/1/2002	00	2 / per 24 months
V5261	Hearing aid, digital, binaural, BTE	\$700.00	1/1/2002	00	2 / per 24 months
V5262	Hearing aid, disposable, any type, monaural	\$350.00	1/1/1980	00	2 / per 24 months
V5263	Hearing aid, disposable, any type, binaural	\$700.00	1/1/2002	00	2 / per 24 months
V5264	Ear mold / insert, not disposable, any type	\$30.00	7/1/2006	00	2 / per 24 months
V5265	Ear mold / insert, disposable, any type	\$22.00	1/1/1980	02	2 / per 24 months
V5266	Battery for use in hearing device	\$6.00	1/1/1980	00	2 / per 30 days
V5267	Hearing aid supplies / accessories	\$0.00	1/1/1980	00	2 / per 24 months
V5268	Assistive listening device, telephone amplifier, any type	\$0.00	1/1/1980	01	2 / per 24 months
V5269	Assistive listening device, alerting, any type	\$0.00	1/1/1980	01	2 / per 24 months
V5270	Assistive listening device, television amplifier, any type	\$0.00	1/1/1980	01	2 / per 24 months
V5271	Assistive listening device, television caption decoder	\$0.00	1/1/1980	01	2 / per 24 months
V5272	Assistive listening device, TDD	\$0.00	1/1/1980	01	2 / per 24 months
V5273	Assistive listening device, for the use with cochlear implant	\$0.00	1/1/1980	01	2 / per 24 months

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V5275		Eer impression, each	\$0.00	1/1/1980	02	2 / per 24 months
SPEECH-LANGUAGE PATHOLOGY SERVICES						
V5336		Repair / modification of augmentative communication system or device (excludes adaptive hearing aid)	\$0.00	1/1/1980	01	
TRACHEOSTOMY CARE SUPPLIES						
A4450		Tape, non-waterproof, per 18 square inches	\$0.09	7/1/2009	00	
A4452		Tape, waterproof, per 18 square inches	\$0.36	7/1/2009	00	
A4605	NU	Tracheal suction catheter, closed system, each	\$16.40	7/1/2009	00	
A4624	NU	Tracheal suction catheter, any type other than closed system, each	\$2.63	7/1/2009	00	
A4625		Tracheostomy care kit for new tracheostomy	\$6.58	7/1/2009	00	50 UNITS / MO
A4626		Tracheostomy cleaning brush, each	\$2.78	7/1/2009	00	
A4628		Oropharyngeal suction catheter, each	\$3.65	7/1/2009	00	5 UNITS / MO
A4629		Tracheostomy care kit for established tracheostomy	\$4.61	7/1/2009	00	
A7000	NU	Canister, disposable used with suction pump, each	\$9.54	7/1/2009	00	
A7002	NU	Tubing, used with suction pump, each	\$3.83	7/1/2009	00	
UROLOGICAL SUPPLIES						
A4310		Insertion tray without drainage bag and without catheter (accessories only)	\$7.72	7/1/2009	00	2 UNITS/ MO
A4311		Insertion tray with drainage bag with indwelling catheter, foley type	\$14.84	7/1/2009	00	
A4312		Insertion tray without drainage bag with indwelling catheter, foley type	\$18.04	7/1/2009	00	
A4313		Insertion tray without drainage bag with indwelling catheter, foley type	\$18.52	7/1/2009	00	2 UNITS/ MO
A4316		Insertion tray with drainage bag with indwelling catheter, foley type	\$28.40	7/1/2009	00	2 UNITS/ MO
A4354		Insertion tray with drainage bag but without catheter	\$11.80	7/1/2009	00	2 UNITS/ MO
A4320		Irrigation tray with bulb or piston syringe, any purpose	\$5.33	7/1/2009	00	60 UNITS / MO
A4322		Irrigation syringe, bulb or piston, each	\$3.04	7/1/2009	00	4 UNITS / MO
A4333		Urinary catheter anchoring device, adhesive skin attachment, each	\$2.20	7/1/2009	00	
A4334		Urinary catheter anchoring device, leg strap, each	\$4.93	7/1/2009	00	
A4351		Intermittent urinary catheter; straight tip, with or without coating (teflon)	\$1.81	7/1/2009	00	30 UNITS / MO
A4353		Intermittent urinary catheter, with insertion supplies	\$7.00	7/1/2009	00	2 UNITS/ MO

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